

01- *R*-0051

Entered - 10/24/00 - sb
CL00L0640 - DIANNE C. MITCHELL

CLAIM OF: **LOUIS E. WHITTED**
1739 Rogers Avenue, SW
Atlanta, Georgia 30310

For damages alleged to have been sustained as a result of property damage due to a fallen tree on September 21, 2000 at 1739 Rogers Avenue, SW.

THIS ADVERSED REPORT IS APPROVED

BY:



ROBERT N. GODFREY
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0640

Date: December 27, 2000

Claimant /Victim LOUIS E. WHITTED

BY: (Atty)(Ins. Co.) _____

Address: 1739 Rogers Avenue, SW, Atlanta, Georgia 30310-2309

Subrogation: _____ Claim for Property damage \$ 760.00 Bodily Injury \$ _____

Date of Notice: 10/12/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 09/21/00 Place: 1739 Rogers Avenue, SW

Department PRCA Division: Parks

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant's property was damaged when high winds caused a tree to fall from the right-of-way and strike his house. The City had no notice of any problems associated with the tree prior to the incident involving the claimant. The City is immune from liability for incidents of this nature pursuant to O.C.G.A. §36-33-1.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

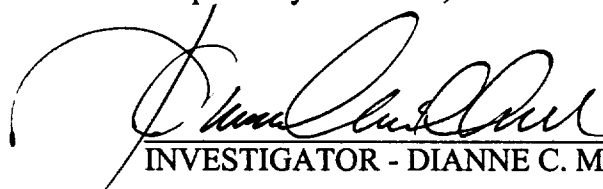
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 12-27-00

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES 10/23/00
Today's Date: 10/9/2000 *Mr. Adler*

Dear Municipal Clerk:

12-10-00A09:52 RCVD
ENTERED - 10-24-00 - SB
00L0640 - DIANNE MITCHELL

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 760.00 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: September 21, 2000 2. Time of Incident: 1235 AM 3. Police called: _____ ☒ Yes ☐ No
(month/day/ year)

4. Location of incident (including street address): 1739 Rogers Avenue, SW

5. Name of your insurance company: State Farm Insurance Policy No. 11-100178-7
Fire & Casualty

6. State what and how incident occurred: Around 1235 A.M. on September 21st, gusty winds pushed down a large oak tree onto my house. The tree was located between the sidewalk and the street in front of my residence at 1739 Rogers Avenue, SW. A city crew arrived around 11 A.M. and removed the tree from my roof and front of my house and front yard.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: Mr. Donald Walker 1745 Rogers Ave, SW (404) 755-3947
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

Louis E. Whitted
Signature of Claimant

Louis E. Whitted
(Print Claimant's Name)

1739 Rogers Avenue, SW
(Address)

Atlanta Ga 30310-2309
(City, State and Zip Code)

(404) 752-8260 / (404) 752-8260
(Work Number) (Home Number)

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